



Texas Department of Insurance

Division of Workers' Comp

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

ST. JOHN'S MERCY HOSPITAL
345 MARYVILLE CENTRE, STE 100
ST. LOUIS, MO 63141

Respondent Name

TEXAS MUTUAL INSURANCE CO

Carrier's Austin Representative Box

Box Number 54

MFDR Tracking Number

M4-10-1624-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Not withstanding Rule §133.20(b), this was a catastrophic accident of which our facility was not provided the billing information until February 3, 2009, on which we spoke to the insurance adjuster, Jennifer Moody, who advised our office that this claim is accepted as worker's compensation and gave us the claims address and claim number for purposes of billing. We promptly billed this admission on February 3, 2009, after receiving the workers' compensation information. We ask that our bill be reconsidered for payment pursuant to the Texas Workers' Compensation Act, §408.0272(b)(2), titled Certain Exceptions For Untimely Submission of Claim, as this event substantially interfered with the normal business operations of our facility further hindering us to bill the insurance carrier within the 95 day grace period."

Amount in Dispute: \$8,824.50

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "According to DWC Rule 134.801 ; Effective 9/1/2005, a health care provider must submit a medical bill to the insurance carrier on or before the 95th day after the date of service. Failure to timely submit the medical bill constitutes a forfeiture of the health care provider's right to reimbursement. To be compliant with DWC Rule 134.801; the requestor had until 01/22/2009 to file their services with this carrier. Texas Mutual did not receive the complete medical bill from the requestor until 2/9/2009; (Exhibit 1) which by that time the filing deadline had lapsed. Further, Texas Labor Code, Section 408.027, and Division rule 133.20 require a health care provider to submit a medical bill by the 95th day following the date of service or forfeit their right to reimbursement. "

Response Submitted by: Texas Mutual Insurance Company, 6210 E. Hwy 290, Ausitn, TX 78723

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
October 19, 2008	Outpatient Services	\$8,824.50	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133.20 sets out the procedures for health care providers to submit workers' compensation medical bills for reimbursement.
3. 28 Texas Administrative Code §102.4 sets out the rules for Non-Commission Communications.
4. Texas Labor Code §408.027 sets out the rules for timely submission of a claim by a health care provider.
5. Texas Labor Code §408.0272 sets out the rules for certain exceptions for untimely submission of a claim by a health care provider.
6. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated June 23, 2009

- CAC-W4- No additional reimbursement allowed after review of appeal/reconsideration.
- CAC-29- The time limit for filing has expired.
- 731- 134.801 and 133.20 Provider shall not submit a medical bill later than the 95th day after the date of service, for service on or after 9/1/05.
- 891- The insurance company is reducing or denying payment after reconsideration.

Issues

1. Did the requestor submit the medical bill for the services in dispute timely and in accordance with 28 Texas Administrative Code §133.20?
2. Did the requestor submit documentation to support the disputed bills were submitted timely in accordance with Texas Labor Code §408.027, §408.0272 and Texas Administrative Code §102.4?
3. Is the requestor entitled to reimbursement?

Findings

1. Pursuant to 28 Texas Administrative Code §133.20(b) states in pertinent part "Except as provided in Texas Labor Code §408.0272...a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided." Although the Requestor states in part, "this was a catastrophic accident of which our facility was not provided the billing information until February 3, 2009, on which we spoke to the insurance adjuster, [adjuster] , who advised our office that this claim is accepted as worker's compensation", this reason is not one of the exceptions listed in Texas Labor Code §408.0272. No documentation was found to support that Texas Labor Code §408.0272 applies to the service in dispute, for that reason, the health care provider and requestor in this dispute were required to send the medical bill no later than 95 days after the service in dispute was provided. 28 Texas Administrative Code §102.4(h) states "Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: (1) the date received, if sent by fax, personal delivery, or electronic transmission or, (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus 5 days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday."
2. Review of the documentation submitted by the Requestor finds a copy of the Itemized Statement of Account dated 10/24/08 showing the Respondent as the insurance company name. According to this Statement of Account, the Requestor was aware of the correct insurance company four days after services were rendered. However, no documentation was found to support that a bill was submitted to the Respondent within 95 days from the date services were provided.
3. In accordance with Texas Labor Code §408.027, the Requestor in this medical fee dispute has forfeited the right to reimbursement due to untimely submission of the medical bill for service in dispute.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

September 22, 2011
Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division rule at 28 Texas Administrative Code §148.3(c).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.